`							
	LES LANE, NEW CASTLE, DE 19720				PHONE:	(877) 999-95	
N	? 317086 WASTE	SHIPM	ENT F	RECORD	S.T.G.	#	
	1. Material Origin Site VERMONT STATE COMPLEX 103 SO MAIN ST. WATERBURY VT. 05433	General TATE 2 Go	ator: Na Z OF JERNE J PEU	Me/Address VERMONT EL, AIKEN AVE IER, VT.	8:	rator: Phone 28 77	
	NCM Demolition and Remediation, LP 14 Jewel Drive Wilmington, MA 01877	Contact:: Jim Harer			actor: Phone -657-5445		
OR	U.S. EPA Region I 5 Post Office Square, Ste. 100 Boston, MA 02109-3912	Ste. 100		DOT Class - FRIABLE ASB NA 2212, RQ ASBES			
ENERAT	5. Description of Materials Specify Friable or Non-Friable		Conta	ainers Type ''Bo'r G'S		Quantity	
	IF(Friable (enter required information)		52				
5	IF Non-Friable (check one): Category I Category II			1300005			
	6. Special Handling Instructions  24-hour emergency spill response no. 800-424-9300						
	This is to certify that the above named materials are properly classif according to the applicable regulations of the Department of Transport to the best of my knowledge. If the waste shipment is not as I stated, expense.  Printed/Typed Name & Title Tony MAITING.	ation, US E.	P.A., and a	ny other state government agency. I cert of the COMPLETE LOAD to the genera	ify that the foregoin tor's service locatio	g is true and corn	
	JERRY WHITE SUPERVISON SUP	ervisor		I my west		3-15	
Œ	8. Transporter 1 (Acknowledgement of Receipt of I Company Name & Address			If blank, see Transporter 2 o		none No.	
RTE				Name:	Date:		
0	9. Transporter 2 (Acknowledgement of Receipt of Mat						
NS	Company Name & Address		Signatu	ire:	Telepi	none No.	
TRANSPO		ŀ	Printed	Name:	Date:		
-			Title:				
	10. Transporter 3 (Acknowledgement of Receipt of Ma						
	Company Name & Address		Signatu	re:		hone No.	
	Service Transport Group, Inc. 58 Pyles Lane		Printed	Name:	877 Date:	-999-9559	
SITE	New Castle, DE 19720	1	•				
1	11. Discrepancy Indication Space:						
AL	12. Waste Disposal Site Owner or Operator's Certi		(Recei	ot of above Waste except as	noted in 11)		
80	Waste Disposal Site (Check One) STG USE	ONLY		Signature:		Date:	
DISPO	Sanitary Landfill 901 Tyrol Blvd. Belle Vernon, PA 15012 724-929-7694 Ext. 14 Minerva Landfill 8955 Minerva Rd. Waynesburg, OH 44688 330-866-3435			Printed Name:			
	724-929-7694 Ext. 14 330-866-3435 Permit No. 100277 Permit No. P0104984			Title:			

Nº 422787

#### WASTE SHIPMENT RECORD

TA	422101					S.T.G.	#
	1. Material Origin Site  WATERFURY STATE COMPLEX  103 SO. MAIN ST.  WATERFURY, VT 05633	General STA1 2 Go Mov	tor: Nai VERNI TPEI	Me/Address F VERMO OK PIKEN IER VT.	07 AVE 05637	80	rator: Phone # 328 377
TOR	2. Removal Contractor: Name/Address NCM Demolition & Remediation LP 14 Jewel Drive Wilmington, MA 01887-3361			Jim Harer			actor: Phone # -657-5445
	3. Responsible Agency: Name/Address U.S. EPA Region I 5 Post Office Square, Ste. 100 Boston, MA 02109-3912	_	4. US DOT Class - FRIABLE ASBESTOS NA2212, Asbestos, 9, PG				
ENERAT	5. Description of Materials Specify Friable or Non-Friable		Conta No. 3 Zo		Type 13A&> 13OXEC	Total	Quantity
GE!	IF Friable (enter required information)		23				
	IF Non-Friable (check one): Category I Category I	II	93		BUNDLES		
	6. Special Handling Instructions						
	7. Generator Certification: This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transport by highwa according to the applicable regulations of the Department of Transportation, US E.P.A., and any other state government agency. I certify that the foregoing is true and corre to the best of my knowledge. If the waste shipment is not as I stated, I accept the RETURN of the COMPLETE LOAD to the generator's service location at the generator expense.						g is true and correct
		oervisor	Signa	/ my Cr	My 20		e-13
	8. Transporter 1 (Acknowledgement of Receipt of	Materials)		If blank, see Tr	ansporter 2 or 3 belo	ow.	
	Company Name & Address	-	Signatu	re:		Telepl	none No.
TER	)		Printed Name:			Date:	
POR	O Transporter 2 (Adminuted amont of Bossint of Ma		Title: _				-
	9. Transporter 2 (Acknowledgement of Receipt of Mat		Signatu	ro:	-	l	
N	Company Name & Address	,	oignatu	ie		leleph	none No.
TRANS			Printed	Name:		Date:	- %
•		-	Title:				
¥	10. Transporter 3 (Acknowledgement of Receipt of Ma						
	Company Name & Address	8	Signatu	re:			hone No.
	Service Transport Group, Inc. 58 Pyles Lane	F	Printed	Name:		877 Date:	-999-9559
SITE	New Castle, DE 19720					Date.	
S	11. Discrepancy Indication Space:		nie				
AL	12. Waste Disposal Site Owner or Operator's Certi	ification	(Receir	ot of above Was	te except as noted i	n 11)	
S	Waste Disposal Site (Check One) STG USE		, , , , , , ,				Date:
DISPO	Sanitary Landfill 901 Tyrol Blvd.  Belle Vernon, PA 15012  Winnerva Landfill 8955 Minerva Rd. Waynesburg, OH 44688						
	724-929-7694 Ext. 14 330-866-3435						

PHONE: (877) 999-9559

N	° 319212 W	ASTE SHIP	MENT RECORD		S.T.G. #
	1. Material Origin Site, STATE COMP LUATERISEUR STATE COMP 103 SO MAIN ST. WATERISUR, VT. 0963	Gene STA	rator: Name/Address イビ は いどにゅうひとらいというというというというというとい	10NT AKEN AVE TOSUSS	Generator: Phone # 80% 838
	NCM Demolition & Remediation, LP 14 Jewel Drive Wilmington, MA 01887	C	Contact:: Jim Harer		Contractor: Phone # 978-657-5445
OR	3. Responsible Agency: Name/Address U.S. EPA Region I 5 Post Office Square, Ste. 100 Boston, MA 02109-3912			FRIABLE ASBESTO 212, RQ ASBESTOS,	,
GENERAT	5. Description of Materials Specify Friable or Non-Friable		Containers No.	Type OK VIII'S	Total Quantity
	Friable (enter required information)		178	BOXES	
0	IF Non-Friable (check one): Category I Ca	itegory II		•	
	6. Special Handling Instructions	24-hour eme	ergency spill response	no. 800-424-9300	
	7. Generator Certification: This is to certify that the above named materials are proper according to the applicable regulations of the Department of to the best of my knowledge. If the waste shipment is not as expense.	Transportation, US E I stated, I accept the	i.P.A., and any other state gove RETURN of the COMPLETE	ernment agency. I certify that the	he foregoing is true and correct vice location at the generator's
	TERRY WHITE	Supervisor	- lun	Culito	Date 12-18-13
	8. Transporter 1 (Acknowledgement of Rece Company Name & Address	eipt of Materials	S) / blank, see	Transporter 2 or 3 be	
65	Company Name & Address		Signature.		Telephone No.
LER	* *		Printed Name:	Prińted Name:	
OR,			Title:		
0	9. Transporter 2 (Acknowledgement of Receipt	of Materials)	0: .		1
Ž	Company Name & Address		Signature:		Telephone No.
TRANS			Printed Name:		Date:
	*		Title:	4	
	10. Transporter 3 (Acknowledgement of Receipt				
	Company Name & Address		Signature:		Telephone No.
	Service Transport Group, Inc. 58 Pyles Lane		Printed Name:		877-999-9559 - Date:
SITE	New Castle, DE 19720		Title:		
	11. Discrepancy Indication Space:				
SAL	12. Waste Disposal Site Owner or Operator's		(Receipt of above Wa	aste except as noted	
DISPOS	Sanitary Landfill Minerva Landfill 8955 Minerva Rd. Belle Vernon, PA 15012 Waynesburg, OH 44688	G USE ONLY		e:	
	724-929-7694 Ext. 14 330-866-3435 Permit No. 100277 Permit No. P0104984		Title:		
		• GREEN-S.T.G. • YELL	OW-Contractor • PINK-Generator • (		

58 PYLES LANE, NEW CASTLE, DE 19720

PHONE: (877) 999-9559

N	2	104	176
A 8 6	J.	LIJ.	$\Gamma I O$

#### WASTE SHIPMENT RECORD

S.T.G. # \_\_\_\_\_

	1. Material Origin Site Water bury Configure 103 S main St. Water bury Vt	erator: Name/Address fate of VT 3 Smainst. waterlyn	Generator: Phone #			
	NCM Demolition & Remediation, LP  14 Jewel Drive  Wilmington, MA 01887		Contractor: Phone # 978-657-5445			
		Contact:: Jim Harer				
ENERATOR	3. Responsible Agency: Name/Address U.S. EPA Region I 5 Post Office Square, Ste. 100 Boston, MA 02109-3912	4. US DOT Class - FRIABLE ASBESTOS NA 2212, RQ ASBESTOS, 9	,			
	5. Description of Materials Specify Friable or Non-Friable	Containers No. Type	Total Quantity			
	IF Friable (enter required information)					
G	IF Non-Friable (check one): Category I Category II					
	6. Special Handling Instructions 24-hour emergency spill response no. 800-424-9300					
	7. Generator Certification: This is to certify that the above named materials are properly classified, descraccording to the applicable regulations of the Department of Transportation, US to the best of my knowledge. If the waste shipment is not as I stated, I accept the expense.	E.P.A., and any other state government agency. I certify that the	e foregoing is true and correct			
	Printed/Typed Name & Title Cory Mins (EC) Kamon De Ests Supervisor		Date / (2/17)			
	8. Transporter 1 (Acknowledgement of Receipt of Materia	ls) If blank, see Transporter 2 or 3 belo	ow.			
	Company Name & Address	Signature:/	Telephone No.			
ER		Printed Name:	Date:			
RT	4 2	Title:				
PO	9. Transporter 2 (Acknowledgement of Receipt of Materials)	THE.	4			
ISI	Company Name & Address	Lou				
	Company Name & Address	Signature:	Telephone No.			
2	Company Name & Address	Signature:	Telephone No.			
TRA	Company Name & Address	Printed Name:	Telephone No. Date:			
TR/						
TR/	10. Transporter 3 (Acknowledgement of Receipt of Materials)	Printed Name:	Date:			
TR/		Printed Name:  Title:  Signature:				
Ш	10. Transporter 3 (Acknowledgement of Receipt of Materials)  Company Name & Address  Service Transport Group, Inc. 58 Pyles Lane	Printed Name:	Date: Telephone No.			
Ш	10. Transporter 3 (Acknowledgement of Receipt of Materials) Company Name & Address Service Transport Group, Inc. 58 Pyles Lane New Castle, DE 19720	Printed Name:  Title:  Signature:	Date: Telephone No. 877-999-9559			
SITE	10. Transporter 3 (Acknowledgement of Receipt of Materials)  Company Name & Address Service Transport Group, Inc. 58 Pyles Lane New Castle, DE 19720  11. Discrepancy Indication Space:	Printed Name:  Title:  Signature:  Printed Name:  Title:  Title:	Telephone No. 877-999-9559 Date:			
AL SITE	10. Transporter 3 (Acknowledgement of Receipt of Materials) Company Name & Address Service Transport Group, Inc. 58 Pyles Lane New Castle, DE 19720  11. Discrepancy Indication Space: 12. Waste Disposal Site Owner or Operator's Certification	Printed Name:  Title:  Signature:  Printed Name:  Title:  (Receipt of above Waste except as noted in	Telephone No. 877-999-9559 Date: 773			
AL SITE	10. Transporter 3 (Acknowledgement of Receipt of Materials)  Company Name & Address Service Transport Group, Inc. 58 Pyles Lane New Castle, DE 19720  11. Discrepancy Indication Space: 12. Waste Disposal Site Owner or Operator's Certification Waste Disposal Site (Check One)  Sanitary Landfill  Minerya Landfill	Printed Name:  Title:  Signature:  Printed Name:  Title:  Title:	Telephone No. 877-999-9559 Date: 773			
SITE	10. Transporter 3 (Acknowledgement of Receipt of Materials)  Company Name & Address Service Transport Group, Inc. 58 Pyles Lane New Castle, DE 19720  11. Discrepancy Indication Space: 12. Waste Disposal Site Owner or Operator's Certification Waste Disposal Site (Check One)  Sanitary Landfill 901 Tyrol Blvd. Belle Vernon, PA 15012  Minerva Landfill 8955 Minerva Rd. Waynesburg, OH 44688	Printed Name:  Title:  Signature:  Printed Name:  Title:  (Receipt of above Waste except as noted in	Telephone No. 877-999-9559 Date:  Date:  Date:  Date:			
AL SITE	10. Transporter 3 (Acknowledgement of Receipt of Materials)  Company Name & Address Service Transport Group, Inc. 58 Pyles Lane New Castle, DE 19720  11. Discrepancy Indication Space: 12. Waste Disposal Site Owner or Operator's Certification Waste Disposal Site (Check One)  Sanitary Landfill 901 Tyrol Blvd.  Minerva Landfill 8955 Minerva Rd.	Printed Name:  Signature:  Printed Name:  Title:  (Receipt of above Waste except as noted in Signature:	Telephone No. 877-999-9559 Date:  Date:  Date:  Date:			

58 PYLES LANE, NEW CASTLE, DE 19720 PHONE: (877) 999-WASTE SHIPMENT RECORD S.T.G. # \_\_\_\_\_ Generator: Name/Address 1. Material Origin Site Generator: Pho NCM Demolition & Remediation, LP Contractor: Phc 978-657-5445 14 Jewel Drive Wilmington, MA 01887 Contact:: Jim Harer 3. Responsible Agency: Name/Address 4. US DOT Class - FRIABLE ASBESTOS ONLY U.S. EPA Region I NA 2212, RQ ASBESTOS, 9, PG III 5 Post Office Square, Ste. 100 ENERATOR Boston, MA 02109-3912 5. Description of Materials Containers **Total Quantity** Specify Friable or Non-Friable No. Type IF Friable (enter required information) IF Non-Friable (check one): Category I Category II 6. Special Handling Instructions 24-hour emergency spill response no. 800-424-9300 7. Generator Certification: This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transport by high according to the applicable regulations of the Department of Transportation, US E.P.A., and any other state government agency. I certify that the foregoing is true and c to the best of my knowledge, if the waste shipment is not as a stated. I accept the RETURN of the COMPLETE LOAD to the generator's service location at the generator's Printed/Typed Name & Title Signature Date Supervisor If blank, see Transporter 2 or 3 below. 8. Transporter 1 (Acknowledgement of Receipt of Materials) Company Name & Address Signature: Telephone No. Printed Name: \_\_\_\_\_ **TRANSPORTE** 9. Transporter 2 (Acknowledgement of Receipt of Materials) Signature: Company Name & Address Telephone No. Printed Name: Date: 10. Transporter 3 (Acknowledgement of Receipt of Materials) Company Name & Address Signature: Telephone No. Service Transport Group, Inc. 877-999-955 Printed Name: Date: 58 Pyles Lane New Castle, DE 19720 Title: 11. Discrepancy Indication Space: OSAL 12. Waste Disposal Site Owner or Operator's Certification (Receipt of above Waste except as noted in 11) Waste Disposal Site (Check One) STG USE ONLY Date Signature: SP Sanitary Landfill Minerva Landfill 901 Tyrol Blvd. 8955 Minerva Rd. Printed Name: Belle Vernon, PA 15012 Waynesburg, OH 44688 724-929-7694 Ext. 14 330-866-3435 Title: Permit No. 100277 Permit No. P0104984

Nº 422787

#### WASTE SHIPMENT RECORD

TA :	422181	01111111		LOOND		S.T.G.	#
	1. Material Origin Site  WATERFURY STATE COMPLEX  103 SO. MAIN ST.  WATERFURY, VT 05633	Gener STA 2 GO MON	ator: Na TE C NEEN	Me/Address IF VERMON OR MIKEN INER H.	07 1 AVE 05634	80	rator: Phone # 328 377
	2. Removal Contractor: Name/Address NCM Demolition & Remediation LP 14 Jewel Drive Wilmington, MA 01887-3361		·	Jim Harer		Contr	actor: Phone # -657-5445
GENERATOR	3. Responsible Agency: Name/Address U.S. EPA Region I 5 Post Office Square, Ste. 100 Boston, MA 02109-3912		4. US		RIABLE ASBESTOS 2, Asbestos, 9, PG I		
	5. Description of Materials Specify Friable or Non-Friable		Conta No. 3 Ze		Type ISAGS	Total	Quantity
E	IF Friable (enter required information)		22	•	BOXEC		
9	IF Non-Friable (check one): Category I Category I	1	93		BUNDLES		
	6. Special Handling Instructions						
	7. Generator Certification: This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transport by highly according to the applicable regulations of the Department of Transportation, US E.P.A., and any other state government agency. I certify that the foregoing is true and contot to the best of my knowledge. If the waste shipment is not as I stated, I accept the RETURN of the COMPLETE LOAD to the generator's service location at the generator expense.					g is true and correct	
		vervisor	Signa	Jans Cu		1	6-13
	8. Transporter 1 (Acknowledgement of Receipt of	Materials			ansporter 2 or 3 bel		
	Company Name & Address		Signatu	re:		Telep	hone No.
TER	+		Printed Name:		Date:		
<u> </u>			Title: _				
POI	9. Transporter 2 (Acknowledgement of Receipt of Mat	erials)					
NS	Company Name & Address		Signatu	re:		Telep	hone No.
TRANS			Printed	Name:		Date:	
-			Title:				
	10. Transporter 3 (Acknowledgement of Receipt of Materials)						
	Company Name & Address		Signatu	re:	···		hone No.
	Service Transport Group, Inc. 58 Pyles Lane		Printed	Name:		Date:	<b>'-999-9</b> 559
SITE	New Castle, DE 19720		Title:				
	11. Discrepancy Indication Space:					-	
AL	12. Waste Disposal Site Owner or Operator's Cert		(Recei	ot of above Was	te except as noted	in 11)	
POS	Waste Disposal Site (Check One) STG USE  Sanitary Landfill Minerva Landfill	ONLY		Signature:			Date:
DISPO	901 Tyrol Blvd. 8955 Minerva Rd. Waynesburg, OH 44688 724-929-7694 Ext. 14 330-866-3435 Permit No. 100277 Permit No. 100277 Permit No. 100277						-
	, S.MILTO. 10101001						-

N	2 422782 WASTE	SHIPME	NT F	RECOR	D		S.T.G.	#
	1. Material Origin Site  WHIERBURY GRATE HOSPITAL  163 SOL MAIN WATERBURY	Generato TATE Z. A	oto	verme verno	TO AIR	ÊN AVÉ SU33	Gene %0	rator: Phone え 837
	2. Removal Contractor: Name/Address NCM Demolition & Remediation LP 14 Jewel Drive Wilmington, MA 01887-3361					÷633		actor: Phone -657-5445
ENERATOR	3. Responsible Agency: Name/Address U.S. EPA Region I 5 Post Office Square, Ste. 100 Boston, MA 02109-3912		4. US DOT Class - FRIABLE ASBESTOS  NA2212, Asbestos, 9, PG					
	5. Description of Materials Specify Friable or Non-Friable	Con No.		iners		Type TIZUME	Total	Quantity
L L	(F Friable (enter required information)		16	7	BOYES	BINDLES	-	
3	IF Non-Friable (check one): Category   Category	11	60			THUNTIUKC		
	6. Special Handling Instructions					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	7. Generator Certification: This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transport by haccording to the applicable regulations of the Department of Transportation, US E.P.A., and any other state government agency. I certify that the foregoing is true and to the best of my knowledge. If the waste shipment is not as I stated, I accept the RETURN of the COMPLETE LOAD to the generator's service location at the generator.						g is true and corre n at the generator	
	Printed/Typed Name & Title CERY 1)4V/5	1.3	Signa	ture	Con	Per		1-6-14
		pervisor	7	If black	see Tran	sporter 2 or 3 bel		113
	Transporter 1 (Acknowledgement of Receipt of Company Name & Address		gnatu		occ man	Sporter 2 or o ber		none No.
TER				Name: _			Date:	
OR	9. Transporter 2 (Acknowledgement of Receipt of Ma		ile: _					
SP	Company Name & Address		gnatu	re:			Tolon	hone No.
TRANS	onipany name a nadrose							
TH		}	Printed Name:			Date:		
			Title:					
	10. Transporter 3 (Acknowledgement of Receipt of Ma		matuu	re.			Tolon	In an a Alla
	Company Name & Address Service Transport Group, Inc.							hone No. -999-9559
ш	58 Pyles Lane	Pr	inted	Name: _			Date:	
SIT	New Castle, DE 19720	Tit	le:					
	<ul><li>11. Discrepancy Indication Space:</li><li>12. Waste Disposal Site Owner or Operator's Cert</li></ul>	tification (F	Rocair	at of abo	vo Masta	eveent as noted	in 11)	
SA	Waste Disposal Site (Check One) STG USE		receit	it of abo	ve waste	except as noted	m 11)	Date:
DISPO	Sanitary Landfill Minerva Landfill 901 Tyrol Blvd. 8955 Minerva Rd.	(						Date.
Q	Belle Vernon, PA 15012       Waynesburg, OH 44688         724-929-7694 Ext. 14       330-866-3435         Permit No. 100277       Permit No. P0104984							

#### # / 2 3 SERVICE TRANSPORT GROUP, INC.

58 PYLES LANE, NEW CASTLE, DE 19720 PHONE: (877) 999-9559 Nº 422781 WASTE SHIPMENT RECORD S.T.G. # \_\_\_\_\_ Generator: Name/Address 1. Material Origin Site Generator: Phone # State of Vermont 14.5%, to 1 103 5. MAIN SK wite sterens ut. 80Z- 316 6702 watybox 2. Removal Contractor: Name/Address Contractor: Phone # NCM Demolition & Remediation LP 978-657-5445 14 Jewel Drive Wilmington, MA 01887-3361 Contact:: Jim Harer 3. Responsible Agency: Name/Address 4. US DOT Class - FRIABLE ASBESTOS ONLY U.S. EPA Region I 5 Post Office Square, Ste. 100 NA2212, Asbestos, 9, PG III, RQ ENERATOR Boston, MA 02109-3912 Containers 5. Description of Materials **Total Quantity** Specify Friable or Non-Friable No. Type IF Friable (enter required information) Caylord Boxes G IF Non-Friable (check one): Category I Category I 6. Special Handling Instructions 7. Generator Certification: This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transport by highway according to the applicable regulations of the Department of Transportation, US E.P.A., and any other state government agency. I certify that the foregoing is true and correct to the best of my knowledge. If the waste shipment is not as I stated, I accept the RETURN of the COMPLETE LOAD to the generator's service tocation at the generator's Printed/Typed Name & Title Thomas Hard Signature Date 1/14 Milke Coleta If blank, see Transporter 2 or 3 below. 8. Transporter 1 (Acknowledgement of Receipt of Materials) Company Name & Address Signature: Telephone No. INTRUCKING TRANSPORTER Date: Printed Name: \_\_\_\_\_ 9. Transporter 2 (Acknowledgement of Receipt of Materials) Signature: Company Name & Address Telephone No. Printed Name: 10. Transporter 3 (Acknowledgement of Receipt of Materials) Signature: Telephone No. Company Name & Address 877-999-9559 Service Transport Group, Inc. Printed Name: \_\_\_\_\_ 58 Pyles Lane New Castle, DE 19720 Title: 11. Discrepancy Indication Space: DISPOSAL 12. Waste Disposal Site Owner or Operator's Certification (Receipt of above Waste except as noted in 11) Waste Disposal Site (Check One) STG USE ONLY Date: Signature: Sanitary Landfill [ Minerva Landfill 8955 Minerva Rd. 901 Tyrol Blvd. Printed Name: Belle Vernon, PA 15012 Waynesburg, OH 44688 724-929-7694 Ext. 14 330-866-3435 Title: Permit No. 100277 Permit No. P0104984

# 24363

# SERVICE TRANSPORT GROUP, INC.

58 PYLES LANE, NEW CASTLE, DE 19720

DUONE	(077)	000 0550
PHONE.	0//	999-9559

Nº	31	91	74
	OT	UL	14

#### WASTE SHIPMENT RECORD

STG #

	1. Material Origin Site / Complex General Origin Site / Si	rator: Name/Address  FE OF VERMON +  OUTINGS FIREN AVE 1  ON PELLER VT 05633	Generator: Phone # 802-828
1	NCM Demolition & Remediation, LP L4 Jewel Drive Wilmington, MA 01887	Contact:: Jim Harer	Contractor: Phone # 978-657-5445
	3. Responsible Agency: Name/Address	4. US DOT Class - FRIABLE ASBESTOS	SONLY
OR	U.S. EPA Region I 5 Post Office Square, Ste. 100 Boston, MA 02109-3912	NA 2212, RQ ASBESTOS,	
ENERAT	5. Description of Materials Specify Friable or Non-Friable	Containers No. Type	Total Quantity
N.	IF Friable (enter required information)	36 Boxec	
5	IF Non-Friable (check one): Category I Category II		
	6. Special Handling Instructions 24-hour em	ergency spill response no. 800-424-9300	
	7. Generator Certification: This is to certify that the above named materials are properly classified, descr according to the applicable regulations of the Department of Transportation, US to the best of my knowledge. If the waste shipment is not as I stated, I accept the expense.	E.P.A., and any other state government agency. I certify that the	e foregoing is true and correct
	Printed/Typed Name & Title CMPMIC CEG  Ramon Fifty Supervisor	Signature The Den	Date 11/03/14
		If history and Troponarios Car Chal	
	8. Transporter 1 (Acknowledgement of Receipt of Materia	s) If blank/see Transporter 2 or 3 belo	OW.
	8. Transporter 1 (Acknowledgement of Receipt of Materia Company Name & Address	Signature:	ow. Telephone No.
ER			Telephone No.
ш		Signature:	7
RTE	Company Name & Address	Signature:	Telephone No.
SPORTE	Company Name & Address  9. Transporter 2 (Acknowledgement of Receipt of Materials)	Signature:	Telephone No.  Date:
SPORTE	Company Name & Address	Signature:  Printed Name:  Title:  Signature:	Telephone No.  Date:  Telephone No.
PORTE	Company Name & Address  9. Transporter 2 (Acknowledgement of Receipt of Materials)	Signature: Printed Name: Title: Signature: Printed Name:	Telephone No.  Date:
SPORTE	9. Transporter 2 (Acknowledgement of Receipt of Materials) Company Name & Address	Signature:  Printed Name:  Title:  Signature:	Telephone No.  Date:  Telephone No.
SPORTE	9. Transporter 2 (Acknowledgement of Receipt of Materials) Company Name & Address  10. Transporter 3 (Acknowledgement of Receipt of Materials)	Signature: Printed Name: Title: Signature: Printed Name: Title:	Telephone No.  Date:  Telephone No.  Date:
SPORTE	9. Transporter 2 (Acknowledgement of Receipt of Materials) Company Name & Address  10. Transporter 3 (Acknowledgement of Receipt of Materials) Company Name & Address	Signature:	Telephone No.  Date:  Telephone No.
TRANSPORTE	9. Transporter 2 (Acknowledgement of Receipt of Materials) Company Name & Address  10. Transporter 3 (Acknowledgement of Receipt of Materials) Company Name & Address Service Transport Group, Inc. 58 Pyles Lane	Signature: Printed Name: Title: Signature: Printed Name: Title:	Telephone No.  Date:  Telephone No.  Date:  Telephone No.  Telephone No.
ITE TRANSPORTE	9. Transporter 2 (Acknowledgement of Receipt of Materials) Company Name & Address  10. Transporter 3 (Acknowledgement of Receipt of Materials) Company Name & Address Service Transport Group, Inc.	Signature:	Telephone No.  Date:  Telephone No.  Date:  Telephone No.  877-999-9559
SITE TRANSPORTE	9. Transporter 2 (Acknowledgement of Receipt of Materials) Company Name & Address  10. Transporter 3 (Acknowledgement of Receipt of Materials) Company Name & Address Service Transport Group, Inc. 58 Pyles Lane New Castle, DE 19720  11. Discrepancy Indication Space:	Signature: Printed Name: Title: Signature: Printed Name: Title: Printed Name: Title: Signature: Title: Title:	Telephone No.  Date:  Telephone No.  Date:  Telephone No.  877-999-9559 Date:
AL SITE TRANSPORTE	9. Transporter 2 (Acknowledgement of Receipt of Materials) Company Name & Address  10. Transporter 3 (Acknowledgement of Receipt of Materials) Company Name & Address Service Transport Group, Inc. 58 Pyles Lane New Castle, DE 19720  11. Discrepancy Indication Space: 12. Waste Disposal Site Owner or Operator's Certification	Signature: Printed Name: Title: Signature: Printed Name: Title: Printed Name: Title: Signature: Title: Title:	Telephone No. Date: Telephone No. Date: Telephone No. 877-999-9559 Date:
SAL SITE TRANSPORTE	9. Transporter 2 (Acknowledgement of Receipt of Materials) Company Name & Address  10. Transporter 3 (Acknowledgement of Receipt of Materials) Company Name & Address Service Transport Group, Inc. 58 Pyles Lane New Castle, DE 19720  11. Discrepancy Indication Space: 12. Waste Disposal Site Owner or Operator's Certification Waste Disposal Site (Check One)  STG USE ONLY	Signature: Printed Name: Title: Signature: Printed Name: Title: Printed Name: Title: Signature: Title: Title:	Telephone No. Date: Telephone No. Date: Telephone No. 877-999-9559 Date:
SAL SITE TRANSPORTE	9. Transporter 2 (Acknowledgement of Receipt of Materials) Company Name & Address  10. Transporter 3 (Acknowledgement of Receipt of Materials) Company Name & Address Service Transport Group, Inc. 58 Pyles Lane New Castle, DE 19720  11. Discrepancy Indication Space: 12. Waste Disposal Site Owner or Operator's Certification Waste Disposal Site (Check One) Sanitary Landfill 901 Tyrol Blvd.  Minerva Landfill 8955 Minerva Rd.	Signature:	Telephone No. Date: Telephone No. Date: Telephone No. 877-999-9559 Date: in 11) Date:
AL SITE TRANSPORTE	9. Transporter 2 (Acknowledgement of Receipt of Materials) Company Name & Address  10. Transporter 3 (Acknowledgement of Receipt of Materials) Company Name & Address Service Transport Group, Inc. 58 Pyles Lane New Castle, DE 19720  11. Discrepancy Indication Space: 12. Waste Disposal Site Owner or Operator's Certification Waste Disposal Site (Check One) Sanitary Landfill Minerya Landfill Minerya Landfill	Signature: Printed Name: Title: Signature: Printed Name: Title:  Signature: Title:  Signature:  Citle:  Citle: Ci	Telephone No. Date: Telephone No. Date: Telephone No. 877-999-9559 Date: in 11) Date:

58 PYLES LANE, NEW CASTLE, DE 19720

PHONE: (877) 999-9559

No	21	70	83
A 9 6	OT	10	00

#### WASTE SHIPMENT RECORD

236	311003					S.T.G.	#
	1. Material Origin Site  WATERISUEN STATE HOSPITAL  104 90 MAIN ST.  WATERIZUEN VT. 05434	50	eover	ne/Address NERMONT NER AIU ILIER VI	- IEN AVG OSUZZ	80	378
	2 NCM Demolition and Remediation, LP 14 Jewel Drive Wilmington, MA 01877	(	Contact:: Jim Harer				actor: Phone # -657-5445
OR	J. Responsible Agency: Nameraduress U.S. EPA Region I 5 Post Office Square, Ste. 100 Boston, MA 02109-3912	4. US DOT Class - FRIABLE A		RIABLE ASBESTOS			
NERAT	5. Description of Materials Specify Friable or Non-Friable		Contai No.	iners	Type 13/167 15/167	Total	Quantity
<u>E</u>	IF Friable (enter required information)		77.		190,00,00	-	
	IF Non-Friable (check one): Category I Category	'					
	6. Special Handling Instructions 24-	hour em	ergency s <sub>l</sub>	pill response n	o. 800-424-9300		
-	7. Generator Certification: This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper according to the applicable regulations of the Department of Transportation, US E.P.A., and any other state government agency. I certify to the best of my knowledge. If the waste shipment is not as I stated, I accept the RETURN of the COMPLETE LOAD to the generator's expense.			nent agency. I certify that th	e foregoin	g is true and correct	
		€6 ipervisor		lang lul	Du		7.14
	8. Transporter 1 (Acknowledgement of Receipt of	Materia	1		ansporter 2 or 3 bel	ow.	
	Company Name & Address		Signature:		Telephone No.		
TER			Printed Name:		Date:		
OR	9. Transporter 2 (Acknowledgement of Receipt of Ma	atoriale)	Title:				
TRANSP	Company Name & Address	atorialoj	Signature:			Telephone No.	
RA			Printed Name:			Date:	
_			Title:				
	10. Transporter 3 (Acknowledgement of Receipt of Materials)						
	Company Name & Address		Signature	e:			hone No.
	Service Transport Group, Inc. 58 Pyles Lane		Printed N	Name:		877 Date:	-999-9559
SITE	New Castle, DE 19720		Title:				
	11. Discrepancy Indication Space:						The second of the second
AL	12. Waste Disposal Site Owner or Operator's Cer		(Receip	t of above Was	te except as noted	in 11)	
05	Waste Disposal Site (Check One) STG US	E ONLY		Signature:			Date:
DISPOS	Sanitary Landfill   Minerva Landfill   8955 Minerva Rd.   Waynesburg, OH 44688   330-866-3435			Printed Name:			
	Permit No. <u>100277</u> Permit No. <u>P0104984</u>			Title:			

29561

_						
58 P	YLES LANE, NEW CASTLE, DE 19720			Ph	IONE:	(877) 999-955
N	9 319213 WASTE SHIPI	MENT	RECORD		S.T.G.	#
	Wallebury VT CELAS D	Gou	ernor Hi	lant	Gene 80%	Prator: Phone A-SAS
	NCM Demolition & Remediation, LP 14 Jewel Drive Wilmington, MA 01887	Contact:	Jim Harer			actor: Phone -657-5445
OR	3. Responsible Agency: Name/Address U.S. EPA Region I 5 Post Office Square, Ste. 100 Boston, MA 02109-3912	4.08		RIABLE ASBESTOS		
ENERAT	5. Description of Materials Specify Friable or Non-Friable	Cont.	ainers	Туре	Total	Quantity
	IF Friable (enter required information)	54	4	BUNDLES	$\vdash$	
5	IF Non-Friable (check one): ☐ Category I ☐ Category II	90		BA65	2	
	6. Special Handling Instructions 24-hour eme	,		o. 800-424-9300	1	
	7. Generator Certification: This is to certify that the above named materials are properly classified, described according to the applicable regulations of the Department of Transportation, US to the best of my knowledge. If the waste shipment is not as I stated, I accept the expense.  Printed (Typed Name & Title 1, 2014)	E.P.A., and a e RETURN	my other state governr	nent agency. I certify that the	e foregoin ice locatio	g is true and correct in at the generator
	Printed/Typed Name & Title Con S Daver (Ele Supervisor	Signa	annel b	This	Dale	19130113
	8. Transporter 1 (Acknowledgement of Receipt of Material			ansporter 2 or 3 bel	OW.	30//3
TER	Company Name & Address & LP Will Dungs Bury disting LP H James Dung Wilmington, WA 01889	Signatu Printed	vre:		_	hone No SYI
0	9. Transporter 2 (Acknowledgement of Receipt of Materials)	little: _				
TRANSPOR	Company Name & Address	Signatu	ıre:		Teleni	hone No.
AN	Company Name a / ladicos					
T.					Date:	
		Title:				
	10. Transporter 3 (Acknowledgement of Receipt of Materials)  Company Name & Address	Signatu	re:		Tolon	hone No.
	Service Transport Group, Inc.					7-999-9559
ш	58 Pyles Lane				Date:	
SITE	New Castle, DE 19720	Title:				
AL	<ul><li>11. Discrepancy Indication Space:</li><li>12. Waste Disposal Site Owner or Operator's Certification</li></ul>	(Recei	nt of above Was	te except as noted i	in 11)	
S	Waste Disposal Site (Check One) STG USE ONLY	(1.1000)				Date:
DISPO	Sanitary Landfill Minerva Landfill		Signature:			
DIS	901 Tyrol Blvd. 8955 Minerva Rd. Belle Vernon, PA 15012 Waynesburg, OH 44688 724-929-7694 Ext. 14 330-866-3435		Printed Name:			
	Permit No. 100277   Permit No. P0104984		Title:			

Permit No. 100277

Permit No. <u>P0104984</u>

### SERVICE TRANSPORT GROUP, INC.

00-10/00/11/170

58 P	YLES LANE, NEW CASTLE, DE 19720				PHONE:	(877) 999-955	
N	? 319181 WASTE	SHIPN	IENT	RECORD	S.T.G.	#	
	1. Material Origin Site  WATERBURY STATE HOSPITAL  1035. MAIN ST.  WATERBURY, VT 05639	STA-	TE OF	me/Address  FUERMONT  NOR HIXEN AVE  LIER, VT 05633	802	rator: Phone if - f2f -	
	' NCM Demolition & Remediation, LP 14 Jewel Drive Wilmington, MA 01887		-	Jim Harer		actor: Phone # -657-5445	
OR	3. Responsible Agency: Name/Address U.S. EPA Region I 5 Post Office Square, Ste. 100 Boston, MA 02109-3912		4. US	DOT Class - FRIABLE ASBEST			
NERAT	5. Description of Materials Specify Friable or Non-Friable		Conta No.	ainers Type	Total	Quantity	
LU .	IF Friable (enter required information)		30	Baxe	55		
5	IF Non-Friable (check one): ☐ Category I ☐ Category I	1					
	6. Special Handling Instructions 24-hour emergency spill response no. 800-424-9300						
	7. Generator Certification: This is to certify that the above named materials are properly classiful according to the applicable regulations of the Department of Transport to the best of my knowledge. If the waste shipment is not as I stated, expense.	tation, US E.	P.A., and a	ny other state government agency. I certify	that the foregoin	g is true and correct	
	Printed/Typed Name & Title my Dav			iture sign pr	Date	13/30/13	
L		pervisor	L.	anniel Chy	12	137/13	
	8. Transporter 1 (Acknowledgement of Receipt of	Materials		If blank, see Transporter 2 or 3	-		
	Company Name & Address		Signatu	ıre:	Telepl	none No.	
LER			Printed	Name:	Date:		
Æ			Title: _				
Po	9. Transporter 2 (Acknowledgement of Receipt of Mat	erials)					
SS	Company Name & Address		Signatu	ıre:	Telepi	none No.	
TRANSPOR			Printed	Name:	Date:		
			Title:				
	10. Transporter 3 (Acknowledgement of Receipt of Ma	iterials)					
	Company Name & Address		Signatu	re:	Telep	hone No.	
	Service Transport Group, Inc.		Printed	Name:		-999-9559	
ITE	58 Pyles Lane New Castle, DE 19720			rame.	—— Date:		
S	11. Discrepancy Indication Space:						
AL	12. Waste Disposal Site Owner or Operator's Certi		(Recei	ot of above Waste except as no	oted in 11)		
S0c	Waste Disposal Site (Check One) STG USE  Sanitary Landfill Minerva Landfill	ONLY		Signature:		Date:	
DISPO	Sanitary Landfill Minerva Landfill 8955 Minerva Rd. Belle Vernon, PA 15012 Waynesburg, OH 44688 724-929-7694 Ext. 14 330-866-3435			Printed Name:			

### 22-1901-11-60010011 10110 SERVICE TRANSPORT GROUP, INC.

58 PYLES LANE, NEW CASTLE, DE 19720

PHONE:	(877)	999-95

Nº 31918:	1 3	191	83
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N	319183 WASTE	ב סחוף	IAICIAI	RECORD		S.T.G.	#
	1. Material Origin Site WHIELESTRY STATE HOSPITAL 1035. MAIN ST. WATER BURY, VT 05639	57	ATE O	me/Address OF VERM RNCR AIX Z	NAVE	803	erator: Phone in 1925
	NCM Demolition & Remediation, LP 14 Jewel Drive						actor: Phone : -657-5445
	Wilmington, MA 01887	(	Contact::	Jim Harer			
OR	3. Responsible Agency: Name/Address U.S. EPA Region I 5 Post Office Square, Ste. 100 Boston, MA 02109-3912		4. US		IABLE ASBESTOS		
GENERAT	5. Description of Materials Specify Friable or Non-Friable		Cont.	ainers	Туре	Total	Quantity
EN	IF Friable (enter required information)		43		BUXES		
9	IF Non-Friable (check one): Category I Category	· II					
	6. Special Handling Instructions 24-	hour em	ergency	spill response no	. 800-424-9300		
	7. Generator Certification: This is to certify that the above named materials are properly class according to the applicable regulations of the Department of Transpoto the best of my knowledge. If the waste shipment is not as I stated expense.	rtation, US f, I accept th	E.P.A., and a ne RETURN	iny other state governm of the COMPLETE LOA	ent agency. I certify that the AD to the generator's servi	e foregoin ce locatio	g is true and correct n at the generator's
	Printed/Typed Name & Title Thomas Hund	pervisor		ature Chom		Date/	2/20/13
	8. Transporter 1 (Acknowledgement of Receipt of		_	If blank, see Tra	nsporter 2 or 3 belo	OW.	124/3
	Company Name & Address	Wateria		ire:		_	none No.
TER						Date:	
POR	O Toronto O (A do out of the control of Door in a (M)	- A d - 1 - \	Title: _			_	
	9. Transporter 2 (Acknowledgement of Receipt of Ma	ateriais)	Signatu	Iro:		I	
A	Company Name & Address			ıre:		leleph	none No.
TRANS			Printed	Name:		Date:	
			Title:				
	10. Transporter 3 (Acknowledgement of Receipt of M	aterials)					
	Company Name & Address		Signatu	re:			hone No.
0.2	Service Transport Group, Inc. 58 Pyles Lane		Printed	Name:		Date:	-999-9559
SITE	New Castle, DE 19720		Title:				
	11. Discrepancy Indication Space:						
AL	12. Waste Disposal Site Owner or Operator's Cer	tification	(Recei	pt of above Waste	e except as noted i	n 11)	
50	Waste Disposal Site (Check One) STG USE	ONLY		Signature:			Date:
DISPOSAL	Sanitary Landfill   Minerva Landfill   8955 Minerva Rd.   Waynesburg, OH 44688   330-866-3435						
	724-929-7694 Ext. 14 330-866-3435 Permit No. 100277 Permit No. P0104984			Title:			

#### # 273320

Belle Vernon, PA 15012

724-929-7694 Ext. 14

Permit No. 100277

Waynesburg, OH 44688

Permit No. P0104984

330-866-3435

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SERVICE TRANSPORT GROUP, INC 58 PYLES LANE, NEW CASTLE, DE 19720 PHONE: (877) 999-955 Nº 317163 WASTE SHIPMENT RECORD S.T.G. # \_\_\_\_\_ Generator: Name/Address 1. Material Origin Site Generator: Phone # 103 5 mainst State of VERMONT 802-828 2 GOVENOU RIKEL AVE waterbury, VT 05633 3533 Contractor: Phone NCM Demolition and Remediation, LP 978-657-5445 14 Jewel Drive Wilmington, MA 01877 Contact:: Jim Harer 4. US DOT Class - FRIABLE ASBESTOS ONLY U.S. EPA Region I NA 2212, RQ ASBESTOS, 9, PG III 5 Post Office Square, Ste. 100 RATOR Boston, MA 02109-3912 5. Description of Materials Containers **Total Quantity** Specify Friable of Non-Friable Type 圃 293330 Z IF Friable (enter required information) IF Non-Friable (check one): Category I Category II 6. Special Handling Instructions 24-hour emergency spill response no. 800-424-9300 7. Generator Certification: This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transport by highway according to the applicable regulations of the Department of Transportation, US E.P.A., and any other state government agency. I certify that the foregoing is true and correct to the best of my knowledge. If the waste shipment is not as I stated, I accept the RETURN of the COMPLETE LOAD to the generator's service location at the generator's Printed/Typed Name & Title CENT DAVIS CEG KAMIN LETCEUS Supervisor If blank, see Transporter 2 or 3 below. 8. Transporter 1 (Acknowledgement of Receipt of Materials) Signature: Company Name & Address Telephone No. TRANSPORTE Printed Name: Date: 9. Transporter 2 (Acknowledgement of Receipt of Materials) Signature: Company Name & Address Telephone No. Printed Name: \_\_\_\_\_ Date: Title: \_\_\_\_ 10. Transporter 3 (Acknowledgement of Receipt of Materials) Signature: Company Name & Address Telephone No. Service Transport Group, Inc. 877-999-9559 Printed Name: \_\_\_\_\_ Date: 58 Pyles Lane New Castle, DE 19720 LIS 11. Discrepancy Indication Space: SPOSAL 12. Waste Disposal Site Owner or Operator's Certification (Receipt of above Waste except as noted in 11) Waste Disposal Site (Check One) STG USE ONLY Date: Signature: Sanitary Landfill Minerva Landfill 901 Tyrol Blvd. 8955 Minerva Rd. Printed Name:

Title:

TRAILER #

## 53-13104-A-A0 8, 53-13099-A-AC

#### SERVICE TRANSPORT GROUP, INC.

58 PYLES LANE, NEW CASTLE, DE 19720 PHONE: (877) 999-955 Nº 317160 WASTE SHIPMENT RECORD S.T.G. # \_\_\_\_\_ Generator: Name/Address Generator: Phone 1. Material Origin Site
WATERSTORY STATE HOSTITAL
10'S S. MAIN ST. STATE OF VERMONT 2 GOVERNOR AIKEN AVE. 802-828 WATGRIBURY VT. 05635 MOUTPEILIGITUT. 05633 Contractor: Phone NCM Demolition and Remediation, LP 978-657-5445 14 Jewel Drive Wilmington, MA 01877 Contact:: Jim Harer 4. US DOT Class - FRIABLE ASBESTOS ONLY 3. 1 1000001101010 / 1901107 . 17411101/ 1441000 U.S. EPA Region I NA 2212, RQ ASBESTOS, 9, PG III 5 Post Office Square, Ste. 100 GENERATOR Boston, MA 02109-3912 5. Description of Materials Containers **Total Quantity** Specify Friable or Non-Friable No. 180 DRUMS 300 TLES IF Friable (enter required information) 37 BOXES IF Non-Friable (check one): Category I Category II 6. Special Handling Instructions 24-hour emergency spill response no. 800-424-9300 7. Generator Certification: This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transport by highwa according to the applicable regulations of the Department of Transportation, US E.P.A., and any other state government agency. I certify that the foregoing is true and correct to the best of my knowledge. If the waste shipment is not as I stated, I accept the RETURN of the COMPLETE LOAD to the generator's service location at the generator's Signature - Low Printed/Typed Name & Title Pory 1415 (46 In Culit 12-23-13 JURAN WHITE If blank, see Transporter 2 or 3 below. 8. Transporter 1 (Acknowledgement of Receipt of Materials) Company Name & Address Signature: Telephone No. RTE Date: Printed Name: TRANSPO 9. Transporter 2 (Acknowledgement of Receipt of Materials) Signature: Company Name & Address Telephone No. Printed Name: Date: 10. Transporter 3 (Acknowledgement of Receipt of Materials) Signature: Company Name & Address Telephone No. 877-999-9559 Service Transport Group, Inc. Printed Name: \_\_\_\_\_ Date: 58 Pyles Lane New Castle, DE 19720 S 11. Discrepancy Indication Space: POSAL 12. Waste Disposal Site Owner or Operator's Certification (Receipt of above Waste except as noted in 11) Waste Disposal Site STG USE ONLY (Check One) Date: Signature: Sanitary Landfill Minerva Landfill DISI 901 Tyrol Blvd. 8955 Minerva Rd. Printed Name: Belle Vernon, PA 15012 Waynesburg, OH 44688 724-929-7694 Ext. 14 330-866-3435 Title: Permit No. <u>P0104984</u> Permit No. 100277

WHITE-Disposal Site • GREEN-S.T.G. • YELLOW-Contractor • PINK-Generator • GOLD-Pick Up Receipt

### 53.104-17-170 4 53-17094.11-40 SERVICE TRANSPORT GROUP, INC.

58 PYLES LANE, NEW CASTLE, DE 19720

No	31	0	21	n
1 1	OT	J	$\Delta \perp$	U

N	319210	WASTESHIP		RECURD	S.T.G	i.#
	1. Material Origin Site  WATER AND STATE  10-3-30. MAN ST.  WATER AND ST.  OTL	7 2	GOVE	Me/Address OF VIRMENT TWON AINTO AVE PENIEN VT. 050	ex	nerator: Phone # 27 870 3037
	NCM Demolition & Remediation, LP 14 Jewel Drive Wilmington, MA 01887					tractor: Phone i 8-657-5445
	Willington, Will also.	(	Contact::	Jim Harer		
OR	3. Responsible Agency: Name/Address U.S. EPA Region I 5 Post Office Square, Ste. 100 Boston, MA 02109-3912		4. US	DOT Class - FRIABLE AS NA 2212, RQ ASBI		
GENERATOR	5. Description of Materials Specify Friable or Non-Friable		Conti	ainers Type	Tota	al Quantity
M	IF Friable (enter required information)		12	1302	425	
5	IF Non-Friable (check one): Category I	Category II	39	130	NODER	
	6. Special Handling Instructions	24-hour em	ergency	spill response no. 800-424-	9300	
	7. Generator Certification: This is to certify that the above named materials are according to the applicable regulations of the Departme to the best of my knowledge. If the waste shipment is rexpense.  Printed/Typed Name & Title Company	ent of Transportation, US to as I stated, I accept the	E.P.A., and a le RETURN	nny other state government agency. I c of the COMPLETE LOAD to the gene	ertify that the forego erator's service loca Date	ing is true and correct tion at the generator's
	8. Transporter 1 (Acknowledgement of F			If blank, see Transporter 2		
	Company Name & Address	receipt of materia		ıre:		phone No.
RTER			Printed	Name:	Date	e:
<b>8</b>			Title: _			
PO	9. Transporter 2 (Acknowledgement of Rec	ceipt of Materials)				
NS	Company Name & Address		Signatu	ıre:	Tele	phone No.
TRANS			Printed	Name:	Date	e:
			Title:			
	10. Transporter 3 (Acknowledgement of Re	ceipt of Materials)				
	Company Name & Address			re:		ephone No.
	Service Transport Group, Inc. 58 Pyles Lane		Printed	Name:	Dat	77-999-9559 e:
SITE	New Castle, DE 19720		Title:			
	11. Discrepancy Indication Space:					
AL	12. Waste Disposal Site Owner or Operation		(Recei	pt of above Waste except a	s noted in 11)	
80	Waste Disposal Site (Check One)	STG USE ONLY		Signature:		Date:
DISPOS	Sanitary Landfill Minerva Landfill 8955 Minerva Rd. Belle Vernon, PA 15012 Waynesburg, OH 44686	3		Printed Name:		
	724-929-7694 Ext. 14 330-866-3435 Permit No. 100277 Permit No. P0104984			Title:		

58 P	YLES LANE, NEW CASTLE, DE 19720					IONE:	(877) 999-955
141,	4-14-2	TE SHIPN				S.T.G.	#
	1. Material Origin Site WATER BURY STATE COMPLETONS SO. MAIN ST WATERBURY VT. 05633	Gener STA 2	ator: Na TE C OUE 1	ame/Addres IT VER RNER	MONTAIKEN AVE.	Gene	erator: Phone
	NCM Demolition and Remediation, LP 14 Jewel Drive Wilmington, MA 01877	C	ontact::	Jim Harer		1	ractor: Phone 8-657-5445
TOR	3. U.S. EPA Region I 5 Post Office Square, Ste. 100 Boston, MA 02109-3912		4. US		s - FRIABLE ASBESTOS 2212, RQ ASBESTOS, 9		
GENERATOR	5. Description of Materials Specify Friable or Non-Friable		Cont No.	ainers	Туре	Total	Quantity
M	IF Friable (enter required information)		(5.1		Prom 5		
9	IF Non-Friable (check one): Category I Categ	ory II					
	6. Special Handling Instructions	24-hour eme	rgency	spill respon	se no. 800-424-9300		
	7. Generator Certification: This is to certify that the above named materials are properly according to the applicable regulations of the Department of Tranto the best of my knowledge. If the waste shipment is not as I steepense.	sportation, US E.	P.A., and a	any other state of	overnment agency. I certify that the	e foregoin	g is true and correct
	Printed/Typed Name & Title	Supervisor	Signa	ature	"Zakit	Date	-19-13
	8. Transporter 1 (Acknowledgement of Receipt	of Materials	s)	If blank, se	ee Transporter 2 or 3 belo	ow.	
	Company Name & Address		Signatu	ure:		Telep	hone No.
ER			Printed	Name:		Date:	
F.			Title: _				
PO	9. Transporter 2 (Acknowledgement of Receipt of	Materials)					
TRANSPO	Company Name & Address		Signatu	ıre:		Telep	hone No.
RA			Printed	Name:		Date:	
			Title:				
	10. Transporter 3 (Acknowledgement of Receipt of	Materials)					
	Company Name & Address		Signatu	re:			hone No.
241	Service Transport Group, Inc. 58 Pyles Lane		Printed	Name:		Date:	-999-9559
SITE	New Castle, DE 19720	-	Title:				
	11. Discrepancy Indication Space:						
SAL	12. Waste Disposal Site Owner or Operator's C		(Recei	ot of above	Waste except as noted in	າ 11)	
DISPOS	Waste Disposal Site (Check One) STG U Sanitary Landfill 901 Tyrol Blvd. Belle Vernon, PA 15012 724-929-7694 Ext. 14  Waynesburg, OH 44688 330-866-3435	ISE ONLY			me:		Date:
	Permit No. <u>100277</u> Permit No. <u>P0104984</u>			Title:			
	WHITE-Disposal Site • GF	REEN-S.T.G. • YELLO	OW-Contract	or • PINK-Generate	or • GOLD-Pick Up Receipt		

53-13106-A-20 19-08 1/3/93 382536 TRAILEC

# SERVICE TRANSPORT GROUP, INC.

WASTE SHIPMENT RECORD

58 PYLES LANE, NEW CASTLE, DE 19720

PHONE: (877) 999-955!

			S.T.G. #
Site STATE COMPLEX AIN ST. 09633	Generator: Name/Address STATE OF VERMONT 2 GOJERNER AILEN	AVE	Generator: Phone

	1. Material Origin Site WATERBURY STATE COMPLE 103 90 MAIN 9T. WATERBURY VT 09633	X STAT	E OF	me/Address VERMON NER AIKI	TU ANE TO 9633	3:	678 733
	NCM Demolition & Remediation, LP 14 Jewel Drive Wilmington, MA 01887	C	ontact::	Jim Harer			actor: Phone -657-5445
TOR	3. Responsible Agency: Name/Address U.S. EPA Region I 5 Post Office Square, Ste. 100 Boston, MA 02109-3912		4. US		RIABLE ASBESTOS		
GENERATOR	5. Description of Materials Specify Friable or Non-Friable		Conta No.	ainers	Туре	Total	Quantity
EN	I Friable (enter required information)		26		BOXES		
5	IF Non-Friable (check one): Category I Category	ory II					
	6. Special Handling Instructions	24-hour eme	rgency	spill response r	no. 800-424-9300		
	7. Generator Certification: This is to certify that the above named materials are properly caccording to the applicable regulations of the Department of Tranto the best of my knowledge. If the waste shipment is not as I state expense.	sportation, US E.	P.A., and a	ny other state govern	ment agency, I certify that the	foregoin	g is true and correc
	Printed Typed Name & Title	Supervisor	Signa	ture Val	ch	Date 17	-19-13
	8. Transporter 1 (Acknowledgement of Receipt	of Materials	s) (	blank, see Th	ransporter 2 or 3 belo		
	Company Name & Address		Signatu	re:		Telep	hone No.
ER						4	
-			Printed	Name:		Date:	
DRT			Printed Title: _	Name:		Date:	
SPORT	9. Transporter 2 (Acknowledgement of Receipt of		Title: _				
INSPORTER	9. Transporter 2 (Acknowledgement of Receipt of Company Name & Address		Title: _	Name:re:			hone No.
			Title: _	re:			
TRANSPORT		Materials)	Title: _ Signatu Printed	re:		Telepi	
		Materials)  Materials)	Title: Signatu Printed Title:	re:		Telepi	
	Company Name & Address  10. Transporter 3 (Acknowledgement of Receipt of Company Name & Address	Materials)  Materials)	Title: Signatu Printed Title:	re:		Telepi Date:	hone No.
TRAI	Company Name & Address  10. Transporter 3 (Acknowledgement of Receipt of Company Name & Address Service Transport Group, Inc.	Materials)  Materials)	Title: Signatu Printed Title: Signatu	re:		Telepi Date:	hone No. -999-9559
TRAI	Company Name & Address  10. Transporter 3 (Acknowledgement of Receipt of Company Name & Address	Materials)  Materials)	Title: Signatu Printed Title: Signatus Printed	re:		Telepi Date:	hone No. -999-9559
SITE TRAI	Company Name & Address  10. Transporter 3 (Acknowledgement of Receipt of Company Name & Address Service Transport Group, Inc. 58 Pyles Lane New Castle, DE 19720  11. Discrepancy Indication Space:	Materials)  Materials)	Title: _ Signatu Printed Title: _ Signatu Printed Title: _	re: Name: re:		Telepl Date: Telep 877 Date:	hone No. -999-9559
SITE TRAI	Company Name & Address  10. Transporter 3 (Acknowledgement of Receipt of Company Name & Address Service Transport Group, Inc. 58 Pyles Lane New Castle, DE 19720  11. Discrepancy Indication Space:  12. Waste Disposal Site Owner or Operator's Company Name & Address Service Transport Group, Inc. 58 Pyles Lane New Castle, DE 19720	Materials)  Materials)	Title: _ Signatu Printed Title: _ Signatu Printed Title: _	re: Name: re:		Telepl Date: Telep 877 Date:	hone <b>N</b> o. -999-9559
SITE TRAI	Company Name & Address  10. Transporter 3 (Acknowledgement of Receipt of Company Name & Address Service Transport Group, Inc. 58 Pyles Lane New Castle, DE 19720  11. Discrepancy Indication Space: 12. Waste Disposal Site Owner or Operator's Owner or Operator's Owner Disposal Site (Check One)  Sanitary Landfill Minerya Landfill Minerya Landfill	Materials)  Materials)	Title: Signatu Printed Title: Signatu Printed Title: (Receip	re: Name: re: Name: st of above Was	ste except as noted in	Telepi Date:	hone No. -999-9559
TRAI	Company Name & Address  10. Transporter 3 (Acknowledgement of Receipt of Company Name & Address Service Transport Group, Inc. 58 Pyles Lane New Castle, DE 19720  11. Discrepancy Indication Space: 12. Waste Disposal Site Owner or Operator's Company Waste Disposal Site (Check One)	Materials)  Materials)	Title: Signatu Printed Title: Signatu Printed Title: (Receip	re: Name: re: Name: st of above Was	ste except as noted in	Telepi Date:	hone No. -999-9559